

Application Serial No.: 09/477,331 Attorney Docket No.: 23452-086 Amendment Accompanying RCE

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

APPLICANT: Gordon ARNOLD et al. CONFIRMATION No.: 9092

SERIAL NUMBER: 09/477,331 EXAMINER: Jinsong HU

FILING DATE: January 4, 2000 ART UNIT: 2154

FOR: SYSTEM AND METHOD FOR INTEGRATED MANAGEMENT OF ELECTRONIC

MESSAGES

Mail Stop RCE

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450 RECEIVED

AUG 0 9 2004

Technology Center 2100

AMENDMENT ACCOMPANYING REQUEST FOR CONTINUED EXAMINATION

Sir:

In response to the final Office Action mailed May 5, 2004, please amend the above-identified application as follows:

Amendments to the Claims are reflected in the listing of claims beginning on page 2 of this paper.

Remarks begin on page 18 of this paper.

It is not believed that extensions of time or fees for net addition of claims are required beyond those that may otherwise be provided for in documents accompanying this paper. However, if additional extensions of time are necessary to prevent abandonment of this application, then such extensions of time are hereby petitioned for under 37 C.F.R. § 1.136(a), and any fees required therefore (including fees for net addition of claims) are hereby authorized to be charged to our Deposit Account No. 50-0311 (*Ref. No. 23452-086*).

AMENDMI	Docket No. 23452-086		
AMENDMI			
Serial No.	Filing Date	Examiner	Group Art Unit
09/477,331	January 4, 2000	Jinsong HU	2154

Applicant:

Gordon ARNOLD, et al.

Invention:

SYSTEM AND METHOD FOR INTEGRATED MANAGEMENT OF ELECTRONIC MESSAGES

TO THE ASSISTANT COMMISSIONER FOR PATENTS RECEIVED

Transmitted herewith is an amendment in the above-identified application.

AUG 0 9 2004

The fee has been calculated and is transmitted as shown below.

18 (80)						Tec	hnology Center		
CLAIMS AS AMENDED									
	Claims Remaining After Amendment		ighest # iously Paid	# Extra Claims Present	Rate		Additional Fee		
Total Claims	47	-	28 =	19	x	\$18.00	\$342.00		
ndependent Claims	13	•	5 =	8	x	\$86.00	\$688.00		
Multiple Deper	ndent Claims (check	c if ap	plicable)						
Other fee:									
TOTAL ADDITI	\$1,030.00								
A duplicate X A check incl X The Committeescribed b	ge Deposit Account copy of this sheet is luding the amount of ssioner is hereby autelow. A duplicate comy overpayment.	enclos \$ horize	sed. 1,030.00 ed to charge	to cover the r					
Charge 1.17.	any additional filing of	or app	lication pro		quired Dated		C.F.R. 1.16 and		
MINTZ, LE 12010 Sun	n No. 48,283 VIN, COHN, FERRIS set Hills Road, Suite ginia 20190		OVSKY ANI	D POPEO P.C.					

CUSTOMER NUMBER 29315